

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	ALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	M.TW	50	07-09-01
FORMALITY REVIEW	A-S	943	7-20-1
RESPONSE FORMALITY REVIEW	613 PA	JG 906 830	02/13/02 03. 27. 02

943

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) ... Canceled
 -+ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
1	9-16-02
2	10-5-02
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY**BEST AVAILABLE COPY**If more than 150 claims or 10 actions
staple additional sheet here

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